



This form must be filled-out **by the Faculty Rotation Mentor immediately after completion of rotation**. The Rotation Mentor should provide feedback and approval of the Rotation Prior to completing this form. Feedback should be given **in person** by the Rotation Mentor to the student once it is filled out. The signed original should be returned to SOMREO with copies given to the student and Rotation Mentor.

Student Name:	Rotation # (select one): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
Faculty Rotation Advisor:	Semester/Year:		
Start Date:	End Date:		
<i>Rotation Activities & Accomplishments</i>			
What were the overall accomplishments by the student during the rotation?			
What specific activities was the student involved in during the rotation?			
What percentage of time did the student spend on the following activities?			
a) Reading primary literature/proposals relevant to the rotation:	0-25% <input type="checkbox"/>	26-50% <input type="checkbox"/>	51-75% <input type="checkbox"/>
b) Training, i.e., observing/learning specific research activities:	0-25% <input type="checkbox"/>	26-50% <input type="checkbox"/>	51-75% <input type="checkbox"/>
c) Performing research activities:	0-25% <input type="checkbox"/>	26-50% <input type="checkbox"/>	51-75% <input type="checkbox"/>
d) Presenting results (written or oral format):	0-25% <input type="checkbox"/>	26-50% <input type="checkbox"/>	51-75% <input type="checkbox"/>
<i>Student Performance</i>			
Please rate the student's performance on each of the following areas (add comments below each evaluation):			
1. Application of background knowledge base to the relevant research topic:	Deficient <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Excellent <input type="checkbox"/>
Comments:	Insufficient data to evaluate <input type="checkbox"/> N/A <input type="checkbox"/>		
2. Comprehension of the relevant literature:	Deficient <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Excellent <input type="checkbox"/>
Comments:	Insufficient data to evaluate <input type="checkbox"/> N/A <input type="checkbox"/>		
3. Technical execution/research skills:	Deficient <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Excellent <input type="checkbox"/>
Comments:	Insufficient data to evaluate <input type="checkbox"/> N/A <input type="checkbox"/>		
4. Interpreting and analyzing data/troubleshooting:	Deficient <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Excellent <input type="checkbox"/>
Comments:	Insufficient data to evaluate <input type="checkbox"/> N/A <input type="checkbox"/>		
5. Using good research practices (i.e., proper safety, etiquette)	Deficient <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Excellent <input type="checkbox"/>
Comments:	Insufficient data to evaluate <input type="checkbox"/> N/A <input type="checkbox"/>		



6. Presentation of research results (oral/written):	Deficient <input type="checkbox"/> Acceptable <input type="checkbox"/> Excellent <input type="checkbox"/> Insufficient data to evaluate <input type="checkbox"/> N/A <input type="checkbox"/>
Comments:	
<i>Student Accomplishments & Improvements</i>	
What was the student's greatest attribute or accomplishment?	
In what aspect of the rotation did the student show the greatest improvement?	
What aspects of the student's performance could be improved?	
<i>Student Learning Outcomes</i>	
The following BSGP Student Learning Outcomes (SLOs) are foundational to the BSGP. Were any of these SLOs developed during the rotation? Select the level of <u>development</u> for each skill set, with 1 being the lowest level and 5 being the highest, and describe in each comment section below.	
1. Competent, skilled experimentalist	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Comments:	
2. Problem solver	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Comments:	
3. Critical and independent thinker	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Comments:	
4. Expert in the field with both depth and breadth of knowledge	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Comments:	
5. Excellent communicator	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Comments:	
6. Exemplar of high ethical standards	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Comments:	



7. Collaborator and team player	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Comments:					
<i>Student's Written Summary (if required by Mentor)</i>					
Did you receive, review, and approve a 2-page written summary of the Rotation Experience from the student?					
Yes <input type="checkbox"/>			No <input type="checkbox"/>		
<i>Overall Grade</i>					
Overall Grade for Rotation:	Credit <input type="checkbox"/>		No Credit <input type="checkbox"/>		

Rotation Mentor and Student should sign below to acknowledge the feedback described above.

Faculty Rotation Mentor Signature **Date**

Student Signature **Date**

BSGP Program Director **Date**

Note: *If needed, please attach additional comments to this form. If there is any reason the student should NOT receive credit for this rotation, please consult the BSGP Program Director prior to submitting this form.*